

**Tennessee Emergency Communications Board  
NON-WIRELINE Provider Remittance Form**

**CONFIDENTIAL INFORMATION**

Pursuant to Tenn. Code Ann. § 7-86-108(a)(1)(B), all non-wireline service providers are required to collect a wireless enhanced 911 charge from each subscriber and user with a billing address in Tennessee. This form shall be submitted to the Tennessee Emergency Communications Board (ECB) no later than thirty (30) days after the last business day of each two-month collection period. Pursuant to Tenn. Code Ann. § 7-86-317 and Tenn. Comp. R. & Reg. 0780-6-1, the information provided to the ECB on this form is deemed proprietary and will not be released as a public record.

Submit or Fax to: Tennessee Emergency Communications Board  
Ninth Floor, Davy Crockett Tower  
500 James Robertson Parkway  
Nashville, TN 37243  
Phone: (615) 253-2164  
Fax: (615) 401-7642

From (Company): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The following is a report for the period from \_\_\_\_\_ through \_\_\_\_\_  
(Date) (Date)

	<b>MONTH 1</b> Number of Subscribers or Users:	<b>MONTH 2</b> Number of Subscribers or Users:
CMRS (cell phones)	_____	_____
VoIP	_____	_____
Other: (identify below)	_____	_____
_____	_____	_____
<b>Total Subscribers or Users:</b>	=====	=====
<b>Fee per Subscriber or User:</b>	\$1.00	\$1.00
<i>Fee times number of subscribers/users =</i> <b>Gross Collection Amount:</b>	_____	_____
<b>Administrative fee for Collection:</b>	_____	<b>See Footnote #1</b>
<i>Gross Amount less Administrative fee =</i> <b>Net Amount:</b>	_____	_____
<b>Amount of Any Uncollectible Charges:</b>	_____	<b>Total Remittance:</b>
<i>Net Amount less Uncollectible Charges =</i> <b>Total:</b>	=====	=====

*I certify that I am authorized to provide the above information and that, to the best of my knowledge and belief, the foregoing remittance is accurate, complete, and is the correct amount due.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Effective date of Remittance transfer:** \_\_\_\_\_

**Footnote #1** Pursuant to Tenn. Code Ann. § 7-86-108(a)(1)(B)(ii), each non-wireline provider is entitled to retain as an administrative fee an amount equal to three percent (3%) of its collections of the service charge.